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FOR ACTION

OUTLINE OF AN IMPLEMENTATION PLAN FOR THE HEALTH STRATEGY

1. Improving the health and nutrition of the world's children has been the principal objective of UNICEF throughout its history. In the past two decades, UNICEF has made major contributions to the improvement of child health in developing countries, and has been a key actor in reducing infant mortality by over 5 million deaths per year between 1980 and 1995. Significant progress has been accomplished towards the goals of the World Summit for Children, especially in the areas of immunization, oral rehydration, micronutrient supplementation and health education. In the process, valuable lessons have informed the emerging future strategies of UNICEF in health.

2. The health strategy of UNICEF (E/ICEF/1995/11/Rev.1), endorsed by Executive Board at its third regular session in September 1995 (E/ICEF/1995/9/Rev.1, decision 1995/28), outlines broad principles for reducing the mortality and improving the quality of life of infants, children, adolescents and women. Among the salient points of the health strategy are the greater emphasis given to cross-cutting approaches over specific interventions and more reliance on UNICEF mobilization and partnership capacities than on direct execution of programmes by UNICEF staff. One of the important challenges now facing UNICEF will be how to implement the increasing and diverse agenda highlighted in the strategy, with the likelihood of decreasing resource levels.

3. In adopting the draft provisional agenda for the present session, the Executive Board agreed to consider an outline of the implementation plan of the health strategy on the understanding that the full implementation plan would be submitted to the Board at its first regular session in January 1997. The plan

* E/ICEF/1996/18.

will be finalized with the active participation of UNICEF regional and field offices and key partners. It will define a set of activities to make the most appropriate use of UNICEF leverage as a partner in health and of its personnel and financial resources to actually implement the overall health strategy. This set of specific activities will need to be adapted to different country conditions, involve a substantial number of partners and be fully integrated in the overall health policy of countries while still recognizable as the UNICEF approach.

Country programming

4. The new health strategy will have direct consequences on the approach to programming for each country:

(a) Establish updated principles to guide processes for country health programming within the overall framework of the Convention of the Rights of the Child, and in consultation with UNICEF New York, regional offices and field offices;

(b) Establish a typology of countries, classifying together those confronting similar challenges and levels of development;

(c) Revise major programming instruments at country and regional levels, such as the situation analysis process, to take into account the approved health strategy and to guide the setting of health priorities at the country level in terms of the appropriate balance between health monitoring, health promotion and essential health services, and between child, adolescent and women's health;

(d) Ensure stronger integration of health programming for children, adolescents and women within the overall health policy of the country;

(e) Improve data collection for monitoring and evaluating programmes to better understand lessons learned and to disseminate data and information for decision-making;

(f) Set indicators for programme progress and quality assurance during implementation;

(g) Establish greater mutual support between country programmes.

Partnerships

5. The health strategy has a broader and more global approach to health programmes than in the past, and its implementation will involve strengthening and widening of partnerships, at both institutional and programme levels:

(a) Strengthen relationships with the World Health Organization (WHO), within the framework of the UNICEF/WHO Joint Committee on Health Policy, at country, regional and national levels, and improve the coordination of activities;

(b) Continue effective collaboration and coordination with other United Nations agencies, in particular the Joint United Nations Programme on HIV/AIDS, the United Nations Development Programme and the United Nations Population Fund, in the health sector;

(c) Strengthen relationships with the World Bank and improve the terms of cooperation, both at headquarters and in the field;

(d) Improve partnerships with international and national non-governmental organizations (NGOs), mobilizing local resources, both from the public and private sectors;

(e) Strengthen relations with local foundations and universities for improved knowledge acquisition, operations research and integration within the health policy research process of countries.

Advocacy

6. UNICEF will need to make more use of its highly credible advocacy to mobilize outside human and financial resources for the attainment of the objectives of the health strategy:

(a) Promote the approaches of the health strategy with Governments for their integration within national health policies;

(b) Increase dialogue with the private sector in health care delivery and financing at national levels, and involve new actors in health programming;

(c) Mobilize major communication channels to increase their focus on health issues;

(d) Support fund-raising for the implementation of the health strategy.

Staffing

7. There is a need for UNICEF to be better skilled in the main components of the new health strategy:

(a) Ensure that recruitment obtains needed technical skills in the health area;

(b) Conduct strategic integrated health training programs to strengthen and broaden skills of health staff at the field level;

(c) Increase the involvement of national health professionals;

(d) Define clearly the role of headquarters, regional and country offices in the upgrading and maintenance of skills of health staff.

Organizational support

8. UNICEF will redefine the main roles of headquarters, regional and field offices, and will set in place specific follow-up mechanisms:

(a) Redefine the role of headquarters, regional and field offices in the implementation of the health strategy;

(b) Establish processes for monitoring and evaluation:

(i) Formation of a core team based on the Health Section to: a) establish networks with other institutions and professionals in the field; b) gather and disseminate best practices to the regions and field to build a knowledge base and improve programming; and c) provide policy direction and guidance on strategy;

(ii) Formation of regional health teams, facilitated by UNICEF regional offices and comprising selected individuals from among UNICEF staff and key partners - Governments, the United Nations system, bilateral agencies, technical partners, national and international NGOs - to discuss and interpret the strategy in each regional context and establish quality norms and indicators;

(iii) Identification of lead UNICEF country offices, with representation from each type of country, to provide and analyse best practices in the implementation of health strategy.

Timetable for implementation

9. A timetable for the implementation of elements of the health strategy will be established on an indicative basis for each type of country and region.